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7590 01/28/2004

VINCENT A. CICHOSZ
DELPHI TECHNOLOGIES, INC.
Legal Staff, Mail Code: 480-414-420
P.O. Box 5052
Troy, MI 48007-5052



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Susan Grisham (Depositor's name)
Susan Grisham (Signature)
3-30-04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/055,112	01/23/2002	Ismat A. Abu-Isa	DP-304112	7376

TITLE OF INVENTION: ELASTOMERIC INTUMESCENT MATERIAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/28/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SANDERS, KRIELLION ANTIONETTE	1714	523-179000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Jimmy L. Funke

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DELPHI TECHNOLOGIES, INC.

TROY, MICHIGAN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
☐ Advance Order - # of Copies 2

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Susan Grisham 3-30-04

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01 FC:1501 1330.00 DA
02 FC:1504 300.00 DA
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